

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.
09 782 064

FILING DATE
02/20/01

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		1				
4		1				
5		1				
6		1				
7						
8		1				
9	1					
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45						
46						
47						
48						
49						
50						
TOTAL IND.	3					
TOTAL DEP.	21	→	→	→		
TOTAL CLAIMS	24					

TOTAL IND.				
TOTAL DEP.		→	→	→
TOTAL CLAIMS				

BEST AVAILABLE COPY